### APPENDIX A

## RE: Silver Linings Encrypted

From	n			
То				
	Z mmerman,Br anna (DFPS)			
Cc				
	Moncur,Carme (DFPS)			
Rec	p ents			
	Br anna Z mmerman@dfps texas gov	Carme	Moncur@dfps texa	as gov

The nk below is a drop box ink it has pictures/documents and a statement as to what they represent. The folder 2022-08-16 has part of a time worth of videos from one camera. The videos show overnight staff and day time staff sleeping. Let me know if you can't open the ink

https://www.dropbox.com

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From: Z mmerman,Br anna (DFPS) <Br anna Z mmerman@dfps texas gov> Sent: Thursday, September 1, 2022 1 05 PM To:

Cc: Moncur,Carme (DFPS) <Carme Moncur@dfps texas gov> Subject: S ver L n ngs

Good Afternoon, Ms Mtche,

Thank you for speaking with me on the phone ear er. We would appreciate any and a documents you are able to send usire ating to the case

Thank you,

Br anna Z mmerman

Department of Fam y and Protect ve Serv ces

Res dent a Ch d Care nvest gator

9460 arw n Dr , ouston, TX 77036

Ce 713-416-1842

Abuse ot ne 1(800)-252-5400

NOTICE: There has been a change to my ema address Effective immediately, my new ema address is Brianna.Zimmerman@dfps.texas.gov.

image001.png

image001.png

# Evidence related to the below reported issues MEDICATION ISSUES

- Child was prescribed Vyvanse (30mg each morning), and his last documented dose of Vyvanse was on 8/12/2022. There was no documentation of the medication being discontinued in his file or in the MARS.
- Child had no documentation of Concerta being given for the last 10 days -- after 8/9/2022 when Silver Lining ran out of his medications.<sup>3</sup> The child had a current order for Concerta for ADHD.<sup>4</sup> On the afternoon of 8/18/2022, the Monitoring team asked the Program Director if there was a MARS for for Concerta kept somewhere else; she responded that the medication had been on back-order at the pharmacy. When asked if she tried any other pharmacy, she indicated that was not her job. Just 5 minutes later, the Program Director appeared from her office with two paper pharmacy bags of medication, including Concerta for as well as several medications for other residents. She indicated that the medication only arrived that morning, 8/18/2022. Yet, the Concerta pill pack showed it was filled on 8/8/2022, a day before semedication ran out.<sup>5</sup>
- The psychiatrist decreased child 's Abilify from 10mg to 5mg on 12/20/2021 but his MARS indicate he continued to receive 10mg until 3/30/2022.6
- Child is supposed to be administered Clonidine in the morning and the afternoon; yet Silver Lining's is administering the medication at noon and at night.

The monitoring team took pictures of the MARS from the evening of 8/15/2022 and the morning of 8/16/2022 the morning of 8/16/22 which does not document the time the medication was administered, but was pre-filled with a staff member's signature, who was not working that night, date of administration, and pill count.<sup>8</sup>

#### MEDICAL CARE ISSUES

Child 's podiatrist requested on June 16, 2022, a 1-month follow-up appointment to treat an ingrown, infected toenail that has been an issue for the child since 2020<sup>10</sup>; as of the Monitoring Team's visit in mid-August, the child has yet to see the podiatrist.

Physician's Orders 6/27/2022, there were no more recent orders in the child's file.

MARS showing "0" left of Vyvanse on 8/12/2022 and not entries

MARs "0" Conerta left on 8/9/22

<sup>&</sup>lt;sup>4</sup> Physician's order 6/27/2022. There was not a more recent order in the child's file.

<sup>&</sup>lt;sup>5</sup> Concerta 36mg and 27mg filled on 8.8.2022.

<sup>&</sup>lt;sup>6</sup> Psychiatric note, p.1 showing decrease to 5mg Abilify on 12/20/21; MARS pp. 3-10 showing Abilify 10 mg being administered through 3/30/22.

<sup>&</sup>lt;sup>7</sup> Compare July 2022 Medical Appointment p. 3 with MARs, pp.5-6.

<sup>&</sup>lt;sup>8</sup> Every child's MARS, if they received medication the evening of 8/15/2022 or the morning of 8/16/2022, lacked a time of administration but all the other information was pre-completed: example 1, example 2

<sup>&</sup>lt;sup>9</sup> Podiatry Appointment p.8.

<sup>&</sup>lt;sup>10</sup> History of physician appointments since 2020.

Child injured his right hand badly enough by punching something, either a wall or a bus seat, that he displaced one of his knuckles.<sup>11</sup> His file does not indicate he was ever taken to a physician for imaging or evaluation of his hand.

### LACK OF RESTRAINT AND SECLUSION DOCUMENTATION

Based on interviews with all of these individuals, they all believed that unless the children were placed in a basket hold, or taken down to the floor, it is not a restraint and they don't do restraint. This lack of understanding of restraint and seclusion was found throughout the youth files. 12

<sup>11</sup> There are two incidents that could have been the ones where hurt his hand. In his interview, said he punched a wall and was restrained this year and punching the wall is what led to his knuckle injury. Incident report from 3/21/2022 shows injury to knuckles; incident report where he punched a wall 6/16/2022.

<sup>3/21/2022</sup> shows injury to knuckles; incident report where he punched a wall 6/16/2022.

12 For example see: Incident Report ("separation from other residents"); Incident Report ("escorted upstairs away from triggering peer...[staff] stood in the doorway [of child's bedroom]" while "destroyed" his bedroom furniture); Incident Reports (examples where escorts and separations are documented without restraint report or seclusion identified).